

**Connecticut Coalition of Advanced Practice Nurses**

American College of Nurse-Midwives (ACNM), Region I, Chapter 2

Connecticut Advanced Practice Registered Nurses Society (CTAPRNS)

Connecticut Association of Nurse Anesthetists (CANA)

Connecticut Nurses' Association (CNA)

Connecticut Chapter of the American Psychiatric Nurses Association (APNA-CT)

National Association of Pediatric Nurse Practitioners (NAPNAP), Connecticut Chapter

The Northwest Nurse Practitioner Group

PUBLIC HEALTH COMMITTEE FEBRUARY 28, 2014 PUBLIC HEARING GOVERNOR'S BILL No. 36

Lynn Rapsilber, MSN ANP-BC APRN IN SUPPORT OF GOVERNOR'S BILL No. 36

AAC THE GOVERNOR'S RECOMMENDATIONS TO IMPROVE ACCESS TO HEALTH CARE

Senator Gerratana, Representative Johnson, and Members of the Public Health Committee

I am Lynn Rapsilber, APRN and Chair of the Connecticut Coalition of Advanced Practice Nurses. I am here to support the Governor's Bill #36.

Last year there were 78 legislators who sponsored similar language to the bill before us. The Connecticut Advanced Practice Registered Nurse Society requested a scope of practice review last August. This process brought to the table over 40 individuals and groups both in support and in opposition to discuss the merits of the request. We discussed **Quality**: over 40 years of studies demonstrating APRN outcomes are as good as or better than physicians. Many studies are cited.

We discussed **Safety**. There was no data to support any harm to the public by removing the agreement. In fact the DPH Report says no evidence was provided that indicated patients are at risk or care has deteriorated in other states where there is no required collaborative agreement practice agreement.

We discussed **Education**. Yes, we are trained differently from physicians. APRNs are population focused, competency based, with a holistic approach to education and training. APRNs are health promotion and disease prevention focused. APRNs have **national standards of certification and continuing education**. APRN SCOPE OF PRACTICE IS DEFINED BY TRAINING SPECIFIC TO A VERY DEFINED CERTIFICATION AND STUDENT'S EDUCATIONAL TIME IS 100% CONCENTRATED ON THAT CLINICAL AREA. THE BEST TEST OF PROPER EDUCATION IS THE STUDIES OF OUTCOMES AS DISCUSSED ABOVE.

We discussed **Costs**. Data show we can reduce costs in disease management and as part of a nurse led Patient Centered Medical Home. The DPH Report specifically refers to documentation of cost savings including lower drug costs, lower per-patient costs, lower visit costs, and lower costs associated with lower rates of emergency department referrals.

The last area discussed was **Access**. CT has provider shortage areas for primary care and behavioral health in all counties. APRNs take care of the most vulnerable populations: elderly, mentally ill, uninsured, underinsured and the homeless. APRN practices are at risk to close, unable to grow and not able to open due to this outdated mandated agreement. These issues were thoroughly discussed by the scope review group. The Department of Public Health Scope Report says that evidence demonstrates the required collaborative agreement has become a barrier to practice for many APRNs and that eliminating barriers enhances access to quality and affordable health care.

I refer to the document *Changes in Health Care Professions Scope of Practice: Legislative Considerations* (2012) a collaborative effort of six health care regulatory organizations including the Federation of State Medical Boards which “states that health care education and practice has evolved where most professions share skills or procedures with other professions. It is no longer reasonable to expect each profession to have completely unique scope of practice, exclusive of all others. The question that health professions must answer today is whether their profession can provide this service in a safe and effective manner. If an issue can not address this question, it has no relevance to the discussion”. **THAT IS THE ESSENCE OF THE SCOPE REVIEW AND THAT QUESTION HAS BEEN ANSWERED WITH AN ABUNDANCE OF DATA.**

We applaud the Governor for his bill No. 36. It will put CT in line with other New England states for APRN practice. It does not grant a licensed APRN any new authority but it will remove barriers to practice and prevent practices from closing.

Association of Social Work Boards (ASWB), Federation of State Boards of Physical Therapy (FSBPT), Federation of State Medical Boards of the United States, Inc. (FSMB), National Association of Boards of Pharmacy (NABP®), National Board for Certification in Occupational Therapy, Inc. (NBCOT®), National Council of State Boards of Nursing, Inc. (NCSBN®). (January, 2012). *Changes in Health Professions’ Scope of Practice: Legislative Considerations*.